Assistance Program

Work Order (Bid Form)

<u>WORK ORDER INFORMATION</u>

Work Order Name:

Work Order Type: Weatherization

Audit Name: MADISON

CLIENT INFORMATION

Client Name:

Address:

Client ID:

Alt. Client ID: 16016SW-0520

AGENCY INFORMATION

Agency: SWHRA

Address: 1574 White AVE

Henderson, TN

Agency Phone: (731) 989-5111

Fax:

Email Address:

Agency Contact: STANFILL, BUTCH

Work Phone: Cell Phone: Email Address:

Company Name & License N	lumber:
Contractor's Signature:	

COMMENT

NOTICE: CERTIFIED/FIRM/RENOVATOR REQUIRIED

All work performed and material must meet all requirements as stated in the Southeast Weatherization Field Guide. It is the contractor's responsibility to pull all necessary permits required for the town or county where the work is being performed. No change order work shall be done until the change order has been approved and signed. If heater is required no air sealing should be done before heater is installed

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Measures

	Measure 1 Infilt	ration Redctn			Componen	ts		li	nspected
C	omment								
					Estimated		8,15pmp-g	Actual	
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Construction Materials/Hardwar e	Seal all crown molding,corners and door jams, Seal pipes under kitchen sink and baseboard, Bedroom off kitchen seal breaker box	Each	1					
2	Labor	Labor	Hour		i i i i i i i i i i i i i i i i i i i				
3	Construction Materials/Hardwar e	Seal pipes under bath sink. Seal wall to floor and pipes behind washer and all of closet in laundry room	Each	1					
4	Labor	Labor	Hour						
C	ther Detail								
		77 (7 (7 (7 (7 (7 (7 (7 (7 (7							
				Measure	Sub Total:			Sub Total:	
	Field Notes:								

Comment	: Ins. R-30			Componen	ts A1			Inspecte
				Estimated			Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	864		THE PROPERTY OF THE PROPERTY O			
2 Labor	Labor	SqFt	864					
Other Detail								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND AND ALL IN A / · ·		111111111111111111111111111111111111111				
					illa valuationes en constituent de sérvice comme en			
I		Samuel and the same and the sam	Veasur	e Sub Total:] ;	Sub Total:	
Field Notes:						* ************************************		
Measure 3 DWH Comment	l Pipe Insulation			Component Estimated			Actual	Inspecte
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Insulation	DHW Pipe Insulation	Each	1		7			iUlai
	•							iotai
2 Labor	Labor	Each	1					IOLAI
2 Labor Other Detail		Each	1					lotai
		Each	1					IOLAS
		Each	1					Totas
				Sub Total:			Sub Total:	Iotal
				Sub Total:			Sub Total:	Iotal
				Sub Total:			Sub Total:	Iotal

	Measure 4 CO	Monitor is Needed			Componen	ts		į	Inspected
C	Comment								
					Estimated			Actual	, , , , ,
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	CO monitor	Each	1			Tono and the second of the sec		
2	Labor	Labor	Hour	1					
(Other Detail						-	·	
				L					
									- <u> </u>
		Parameter and the second of th		Weasur	e Sub Total:	dente della companya		Sub Total:	
- Committee of the Comm									
		Any Other Heating Syst			Componen				Inspected
		Any Other Heating Syst			xygen deple	tion sens	sor	Actual	Inspected
C		-			-	tion sens	sor Qty		Inspected Total
<i>C</i> #	comment Remove	non-vented heaters that Description / Comment Counter Flow Direct Vent 50-55 KBTU	t do not ha	ave a o	xygen deple Estimated	tion sens	AND	Actual	
<i>C</i> #	Comment Remove Material / Labor Health and Safety	non-vented heaters that Description / Comment Counter Flow Direct	t do not ha <i>Unit</i> s	Qty	xygen deple Estimated	tion sens	AND	Actual	
C # 1	Comment Remove Material / Labor Health and Safety Items Labor	non-vented heaters that Description / Comment Counter Flow Direct Vent 50-55 KBTU Natural gas heater	t do not ha <i>Units</i> Each	Qty	xygen deple Estimated	tion sens	AND	Actual	
C # 1	Comment Remove Material / Labor Health and Safety Items	non-vented heaters that Description / Comment Counter Flow Direct Vent 50-55 KBTU Natural gas heater	t do not ha <i>Units</i> Each	Qty	xygen deple Estimated	tion sens	AND	Actual	
C # 1	Comment Remove Material / Labor Health and Safety Items Labor	non-vented heaters that Description / Comment Counter Flow Direct Vent 50-55 KBTU Natural gas heater	t do not ha <i>Units</i> Each	Qty	xygen deple Estimated	tion sens	AND	Actual	
C # 1	Comment Remove Material / Labor Health and Safety Items Labor	non-vented heaters that Description / Comment Counter Flow Direct Vent 50-55 KBTU Natural gas heater	t do not ha Units Each Hour	Qty 1	xygen deple Estimated	tion sens	Qty	Actual	

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	Any Other Venting Rela iter Heat)	ited Probl	em	Componen	ts			Inspecte
Comment								
			A 1000 (000 (000 000 000 000 000 000 000	Estimated			Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Health and Safety Items	Re-vent	Each	1					
2 Labor	Labor	Hour	1				The state of the s	
Other Detail							and the second second second second	,
								ar area managanan asas asa
	Anti-response to contrast mensus and an artist of the second of the seco	4,000	Measur	e Sub Total:			Sub Total:	
E.B. 100 Ph.					······································			
(Wa	ctice Lead Safe Weathe lls)	rization		Component	ts		Actual	Inspecte
(Wa Comment	lls)	rization	Qty	Estimated	ts Total	Qty	Actual Unit Cost	Inspecte
(Wa Comment * Material / Labor			Qty 1	-		Qty	Actual Unit Cost	
(Walcomment * Material / Labor Health and Safety Items	lls) Description / Comment	Units		Estimated		Qty		
(Walcomment * Material / Labor Health and Safety Items Labor	Description / Comment Equipment	<i>Units</i> Each	1	Estimated		Qty		
(Walcomment # Material / Labor Health and Safety Items Labor	Description / Comment Equipment	<i>Units</i> Each	1	Estimated		Qty		Inspecte
(Walcomment * Material / Labor Health and Safety Items Labor	Description / Comment Equipment	<i>Units</i> Each	1	Estimated		Qty		
(Wal Comment # Material / Labor 1 Health and Safety	Description / Comment Equipment	Units Each Hour	1	Estimated				

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	Measure 8 PressureRelief Piping Needed				Componen	ts	Inspected			
C	omment				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
1	Health and Safety Items	Pressure relief piping	Each	1						
2	Labor	Labor	Hour	1						
	Other Detail			Measur	e Sub Total:			Sub Total:		
Commence of the Commence of th	Field Notes:									
			Work O	rder Gra	nd Total:		Gran	d Total:		

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